

Restoring the Art of Healing: A Transcultural Psychiatry Case Report

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Abstract: This paper reflects part of the 5 years experience in theatre and mental health developed by the Centre for Culture, Science and Health of the Office of Public Health, Rio de Janeiro. One selected Psychiatric Hospital Case is reported, and a short discussion about health and culture interplays under the proposed theoretical framework. It highlights historical experiences showing the importance of cultural and symbolic practices in mental and general health such as those studied by the Brazilian Psychiatrist Nise da Silveira and the contemporary paradigmatic shift of Biology and Health Sciences.

Keywords: Theatre, health, art and science, medicine, psychiatry, transcultural psychiatry, performance, public health, community medicine, community psychiatry, Nise da Silveira, Biology, Paradigm Shift.

INTRODUCTION

In 2009, the Centre of Culture, Science and Health of the Public Health Office of Rio de Janeiro was founded. It has been working in seven community territories investigating strategies of collective medicine and psychiatry involving cultural action, theatre, documentary movies, dance and poetry, adopted as collective and collaborative work. We have been witnessing the crucial role of cultural and symbolic practices for human mental health.

Our own clinical experience working with community medicine and psychiatry in the last 5 years in a psychiatric asylum, the Nise da Silveira Institute in Engenho de Dentro, Rio de Janeiro, shows clear effects on human health of cultural collective practices. There are today seven creative groups operating in the Madness Hotel working under the Artistic Residency Program of the People's University for Art and Science.

Two years and a half ago, we opened the cultural centre under the name of Madness Hotel and Spa- our centre for culture, health and transcultural psychiatry- occupying two abandoned wards inside the old Psychiatric Hospital. The Madness Hotel is the hub for the art and science movement "People's University of Art and Science", founded in 2010, that hosts a wide range of artistic and cultural languages with open and direct participation of acute and chronic psychiatric patients, as well as professional actors, painters, dancers, directors, poets, educators, graffiti artists,

psychiatrists, psychologists among others from Brazil and abroad. Our cultural presentations involve up to four hundred people working inside the Madness Hotel and Spa and in the public spaces of Rio de Janeiro and other Brazilian cities. We have launched in 2013 a feature length documentary movie; several short-length documentary movies were published in 2012 and 2013.

SELECTED CLINICAL CASE

J.R.C., 38yo, white female, 31 years intermittently hospitalized with the diagnosis of Hebephrenic Schizophrenia from the age of 7. Her father was a cruel investigative policeman, a known murderer, in a suburban region of Rio that in the last decades has been dominated by so called "militias". Those groups are formed by outlaw policemen and other military personnel developing political control to exploit neighbourhoods economically and oppress the population using cruelty and murder. Her father belonged to one of those militias. When she was 7 he took her to see the corpse of her young best friend dead in a car accident. After this moment she developed fantastic paranoid syndrome culminating in the killing of two puppies that led to the first psychiatric hospitalization. She grew up inside the asylum under the reputation of being daughter of a murderer, considered aggressive and dangerous, this situation even deteriorated when the mother of the patient threatened with death some nursery staff. In the last two years J.R.C., a very deteriorated chronic psychotic in a Suburban Third World Asylum, spontaneously engaged in our Theatre Workshop; she immediately danced and later on declaimed poetry and improvised discourse in public spaces of the hospital and the city, more recently she started to sing songs. She has

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presented in our public spectacles with several videos documenting her impressive theatrical evolution that was accompanied with extreme tidiness and voluntariness in the cultural centre routine activities, also in internal and external presentations. Of note, we managed to construct along J.R.C a solidary Clothing Workshop, thrift shop, where she lends clothing to other patients, she keeps it very clean and organized. Throughout her life she accumulated a burden of psychiatric drugs leading to this current prescription: Haldol 25mg/day, Risperidona 9mg/day, Chlorpromazine 800mg/day, Pericyazine 30mg/day, Clonazepam 4mg/day, Prometazine (Phenergan) 74mg/day, Lithium 1050mg/day. This led, after clinical discussion with the staff of the Hospital, to inscribe J.R.C. to the therapeutic residence program where patients are transferred from Institutes, in process of deactivation, to community in accordance to Brazilian Psychiatric Reform going on. We are now seeking to promote along the hospice's staff the discussion on the psychiatric prescription drugs and its rational use. J.R.C. is waiting for the moment to move out with an interdisciplinary team working on the transference as she keeps resisting the asylum and working creatively with our group for two years and half now.

DISCUSSION

In a previous letter, I have argued that a dialogue between biomedical sciences and medicine, on the one hand, and public and collective health, on the other hand, is necessary in order to make sense of public policies of health with a deeper understanding of the organism's physiology [1].

The present scenario contradicts what we research, and teach with the clinical practice in clinics and hospitals, mental health institutions, and, also in public health where large amounts of public resources are spent. We refer to a lost conceptual link between a sanitary reality of populations and models guiding scientific and medical practice [1]. Of note, the medical profile of J. R. C. has basically routine repetition of numbers, codes, diagnostic labels and high dose psychiatric prescription cited above.

We can adopt more clear and adequate scientific models to explain healthy living and the nature of diseases, their evolution and development [2], as well as their ecology, the socioeconomic determination of health [3], cultural and anthropological elements of our patients' and communities' histories. We can develop new tools of healthcare to deal with the cultural

patrimony and dramaturgy of patients, their social groups and communities [4].

This approach is coherent with solid lines of evidence developed [5, 6] by the Brazilian Psychiatrist Nise da Silveira who founded, in 1946, the Museum of Images of the Unconscious, in our hospital in Rio de Janeiro. The Museum has become one of the largest collections of culture and health in the planet with more than 300 thousand paintings, drawings and sculptures produced by diagnosed chronic schizophrenic inpatients throughout 60 years of ongoing experience. Da Silveira originally demonstrated the systematic therapeutic effect of spontaneous creative expression in favourable environments in severe mental illness patients [5, 6]. She worked with Carl Jung in Zurich in the 1950s. He has systematically demonstrated the importance of symbols and traditions to human psychic life, and how our collective unconscious behaviour is driven by archetypes¹ [7]. The Philosopher Baruch de Spinoza said in the XVII century that men are governed by affects; and that "we can't control our tongues", that is, what we talk and gossip; he was commenting on the unconscious nature of human actions [8]. Disease processes are unconscious per excellence; nobody walks consciously in the direction of disease, although in population analysis level, this self-destructive behaviour becomes obvious. Therefore, this approach can be used in clinical practice in order to improve our listening capability and dialogue with the patients, even in chronic psychosis scenario. With the dissemination of these concepts, health professionals, public agents of security, social workers, nurses, policemen should be trained in the dialogue and approach to mentally ill people preventing violence, traumas, overmedication, that would stimulate collective dialogue, cultural construction, creative exercise, public discoursing and political organization.

Transcultural psychiatry seeks to accommodate more profound views of medicine with anthropology, sociology, geography and so on. It investigates the role of rituals, traditions, performances, theatre and symbols in mental and general diseases [9, 10]. There's very significant collection of evidence accumulated in the fields of medical anthropology [11], and community and family psychiatry [12]. Jacob Levy Moreno developed what became the worldwide known "Psychodrama"; working with Psychotic patients in New York in the 1930s. Moreno has documented

¹The archetype is the introspectively recognizable form of a priori psychic orderedness. In Jung CG. Sincronicity, London, 1985, p.140.

therapeutic effect in application of theatrical expressive techniques to severe mental suffering [13]. Antonin Artaud, the French actor, poet, playwright, theatre theoretician and psychiatric patient, wrote on the symbolic language of delirium as legitimate human acts, equivalent to any other sequences of ideas and actions that, in fact, should be better understood, deciphered, revealed and treated [14].

Isn't the collection and analysis of the history of the patient something alike deciphering an enigma for the physician? In the search of meaning, paediatricians and psychiatrists, and very often family doctors, must deal with the non-conscious non-verbal expressions of their patients and groups, like archaeologists. This reflects a particular scientific attitude, a deeper understanding of nature and humanness that seems to restore medical tradition.

CONCLUSION

Thus, in an affective, caring environment coupled with creative cultural activity, even severe chronic psychosis can develop affective relations, express feelings, and understand more about life and society. There is an urge to reform our modes of thinking, and to adopt a more encompassing biological vision [15]. A better understanding of human nature, that integrates scientific, medical and public health visions, will help us to reveal and manage the systemic nature of health and illness. Enabling medicine and science to better fulfil their noble aims of alleviating human suffering in a multicultural world. Our founding father of western medicine, Hippocrates of Cos said: "Let the food be thy medicine, and medicine the food". Perhaps, we should generalize the hypothesis: Let culture be thy medicine, and medicine the culture.

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